



OPTIVEST
WEALTH MANAGEMENT

The Optivest Financial Plan

Questionnaire

CLIENT NAME | _____

DATE | _____

GETTING STARTED WITH YOUR OPTIWEALTH FINANCIAL PLAN

The first step in building your OptiWealth Financial Plan is to gather copies of your financial documents and information. The collection of information is important, as they will be used to build a model of your current financial picture and help guide our recommendations.

[DOCUMENT CHECKLIST]

Income

- Pay Statements
- Rental Income (can be provided from tax returns)

Expenses

- Annual Personal Expenses
(Please fill out enclosed expense worksheet or provide lump sum)
- Rental Expenses (can be provided from tax returns)

Liabilities

- Mortgage Statements
- Credit Card Statements
- Student Loan Statements
- Auto Loan Statements
- Other: _____

Personal Income Taxes

- Prior two years tax returns

Investments and Retirement Statements

- Checking/Savings/Money Market/CD
- Individual/Joint Securities
- Annuities/Pension Plans
- 401k/403b/457 Plans/ Profit Sharing
- SEP/Simple/Solo 401k
- Stock options/Employee Stock Pur. Plans
- Traditional IRA/Roth IRA
- 529/UTMA/UGMA

Insurance

- Life
- Disability
- Long Term Care
- Auto and Home/Umbrella
- Medical/Group Coverage

Employee Benefits

- Statements/Booklets
- General Post Retirement Benefits

Estate Plan

- Wills
- Trusts/ILITs
- Powers of Attorney/Health Care Directives
- Beneficiary Designations

Business

- Cash flow statement
- Balance sheet
- Buy/Sell agreements
- Deferred compensation agreements
- Group Benefit Programs
- Business valuations
- Prior two years tax returns
- Other: _____

[GENERAL INFORMATION]

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
[CLIENT 1] First & Last Name :	Date of Birth :
Address (street, city, state, zip) :	
Preferred Email Address :	Cell Phone :
Have you ever been divorced or widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone :
Employer/Job title :	Work Phone :
[CLIENT 2] First & Last Name :	Date of Birth :
Preferred Email Address :	
Preferred Email Address :	Cell Phone :
Have you ever been divorced or widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone :
Employer/Job title :	Work Phone :

[FAMILY]

Child: First & Last Name :	Parents :	Date of Birth :
Child: First & Last Name :	Parents :	Date of Birth :
Child: First & Last Name :	Parents :	Date of Birth :
Child: First & Last Name :	Parents :	Date of Birth :
Grandchild: First & Last Name :	Parents :	Date of Birth :
Grandchild: First & Last Name :	Parents :	Date of Birth :
Grandchild: First & Last Name :	Parents :	Date of Birth :
Grandchild: First & Last Name :	Parents :	Date of Birth :
Other Dependent: First & Last Name :	Parents :	Date of Birth :
Other Dependent: First & Last Name :	Parents :	Date of Birth :
Additional Notes:		

[PERSONAL PROPERTY]

PROPERTY	VALUE
Vehicle :	\$
Vehicle :	\$
Vehicle :	\$
Jewelry :	\$
Collectibles :	\$
Art :	\$
Other :	\$

[REAL ESTATE]

REAL ESTATE PROPERTIES	TYPE (personal or investment)	PURCHASE COST	PURCHASE YEAR	VALUE
Property Address :		\$		\$
Property Address :		\$		\$
Property Address :		\$		\$
Property Address :		\$		\$

[BUSINESS]

NAME OF BUSINESS (John's Shipping Co.)	OWNER	BUSINESS TYPE (Sole Prop, S-Corp, C-Corp, Partnership etc.)	VALUE (Your share)
If the business is a partnership or jointly owned, what is the ownership breakdown?			
Do you plan to sell your business to create retirement assets?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, in what approximate year and how much do you ideally plan to net (after taxes)?			
Additional Details Relevant to Business Plans			

[REAL ESTATE LOAN INFORMATION]

(you can provide statements or fill out below)

LOAN TYPE	PROPERTY NAME	TERM OF LOAN	ORIGINAL PRINCIPAL	INTEREST RATE	MONTHLY PAYMENT	REMAINING BALANCE	EXTRA \$ TOWARDS PRINCIPAL?
<input type="checkbox"/> Mortgage <input type="checkbox"/> 2nd Mortgage <input type="checkbox"/> Home Equity Loan		<input type="checkbox"/> 30 yr. <input type="checkbox"/> 20 yr. <input type="checkbox"/> 15 yr.	\$	%	\$	\$	\$
<input type="checkbox"/> Mortgage <input type="checkbox"/> 2nd Mortgage <input type="checkbox"/> Home Equity Loan		<input type="checkbox"/> 30 yr. <input type="checkbox"/> 20 yr. <input type="checkbox"/> 15 yr.	\$	%	\$	\$	\$
<input type="checkbox"/> Mortgage <input type="checkbox"/> 2nd Mortgage <input type="checkbox"/> Home Equity Loan		<input type="checkbox"/> 30 yr. <input type="checkbox"/> 20 yr. <input type="checkbox"/> 15 yr.	\$	%	\$	\$	\$
<input type="checkbox"/> Mortgage <input type="checkbox"/> 2nd Mortgage <input type="checkbox"/> Home Equity Loan		<input type="checkbox"/> 30 yr. <input type="checkbox"/> 20 yr. <input type="checkbox"/> 15 yr.	\$	%	\$	\$	\$

[LIABILITIES]

(you can provide statements or fill out below)

TYPE (Vehicle/Credit Card/Student Loan/Personal Loan etc.)	ORIGINAL LOAN TERM	INTEREST RATE	MONTHLY PAYMENT	BALANCE REMAINING
Type:		%	\$	\$
Type:		%	\$	\$
Type:		%	\$	\$
Type:		%	\$	\$

[ESTATE PLANNING]

(Please provide documents)

Do you have wills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Do you have powers of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Do you have health care powers of attorney/advanced health care directives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
Have you established any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Updated:
If Yes, Name of Trust(s)	Year Established	Beneficiaries

[INCOME]

[CLIENT 1] Annual Income: \$	[CLIENT 1] Annual Bonus: \$
[CLIENT 2] Annual Income: \$	[CLIENT 2] Annual Bonus: \$
[PROPERTY 1] Annual Gross Rental Income: \$ Annual Rental Expenses: \$ Property Address:	[PROPERTY 2] Annual Gross Rental Income: \$ Annual Rental Expenses: \$ Property Address:
[PROPERTY 3] Annual Gross Rental Income: \$ Annual Rental Expenses: \$ Property Address:	[PROPERTY 4] Annual Gross Rental Income: \$ Annual Rental Expenses: \$ Property Address:
Other Income: \$ Source:	Other Income: \$ Source:

[PENSIONS]

(Please provide statements if available)

PENSION NAME AND CLIENT <small>(ex: Boeing: John)</small>	MONTHLY BENEFIT AT START	EARLIEST START AGE	SURVIVORSHIP BENEFIT AVAILABLE OR ELECTED <small>(EX: 50%, 75%, 100%)</small>	ANNUAL INFLATION INCREASE (COLA)
	\$			<input type="checkbox"/> None <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> _____
	\$			<input type="checkbox"/> None <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> _____

[SOCIAL SECURITY]

(you can provide statements or fill out below - these can be found at ssa.gov)

CLIENT	ANTICIPATED START AGE	ANTICIPATED MONTHLY PAYMENT
		\$
		\$

[AUTO PURCHASES/LEASES]

	CLIENT 1	CLIENT 2
When will the next car purchase occur?		
How much do you plan the expense to be in today's dollar?	\$	\$
Will the expense be paid lump sum or will a down payment be made? (If there is a down payment, please indicate what it will be?)	\$	\$
How many years until this occurs again?		

[PERSONAL EXPENSES]

(Please fill itemized sections below or you may provide a lump sum annual estimate)

ANNUAL PERSONAL EXPENSES LUMP SUM ESTIMATE | \$

HOUSING	ANNUAL COST
Mortgage/Rent	\$
Condo Fees/Association Fees	\$
Electricity/Gas/Water/Garbage	\$
Telephone/Cell Phone	\$
Cable/Satellite TV/Internet	\$
Pool/Lawn Service	\$
Maid Service	\$
Furnishings	\$
Security System/Pest Service	\$
Homeowner's Insurance	\$
Hazard/Earthquake Insurance	\$
Property Taxes	\$
Maintenance/Improvements	\$
Other :	\$

TRANSPORTATION	ANNUAL COST
Registration/Fees	\$
Gasoline	\$
Car Insurance	\$
Maintenance	\$
Loan/Lease Payment	\$
Loan/Lease Payment	\$
Other :	\$

FOOD	ANNUAL COST
Groceries & Home Supplies	\$
Lunches	\$
Dining Out	\$
Other :	\$

PERSONAL	ANNUAL COST
Clothing	\$
Dry Cleaning	\$
Gym Memberships	\$
Hair/Nails/Cosmetics	\$
Other:	\$

PROFESSIONAL SERVICES	ANNUAL COST
Financial Planner/CPA/Attorney	\$
Others :	\$

ENTERTAINMENT	ANNUAL COST
Sports/Theatre/Movies	\$
Recreation	\$
Hobbies	\$
Clubs/Memberships	\$
Other:	\$

PETS	ANNUAL COST
Food	\$
Veterinarian	\$
Insurance	\$
Other :	\$

VACATIONS / HOLIDAY	ANNUAL COST
Travel/Hotel	\$
Food/Entertainment	\$
Other :	\$

GIFTS	ANNUAL COST
Holidays/Birthdays	\$
Charitable Contributions	\$
Other :	\$

CHILDREN	END DATE	ANNUAL COST
Daycare		\$
Clothing		\$
Sports/Activities		\$
Support Pay		\$
Other:		\$

SELF-IMPROVEMENT/EDUCATION	ANNUAL COST
Association Fees/Subscriptions	\$
Private School/Classes	\$
Other :	\$

MEDICAL/DENTAL/VISION	ANNUAL COST
Insurance Premiums	\$
Copays/Deductibles	\$
Prescriptions/Vitamins	\$
Other :	\$



The Optivest Financial Plan

Preserving your wealth for generations to come.